

# Child Fatality Information Form

## Part I

Part I of the Child Fatality Information Form provides initial or preliminary information and shall be completed with as much of the following information as possible:

Referral #:

Date of Complaint:

Local Department:	
Investigating Worker:	Phone:
CPS Supervisor:	Phone:
Person Making Complaint:	

### Section A: Referral Information

Name of Deceased Child:			
Deceased Child's Date of Birth:		Date of Child's Death:	
Sex of Child: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Unknown	
Type of Alleged Abuse or Neglect: <input type="checkbox"/> Physical Neglect <input type="checkbox"/> Medical Neglect <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Mental Abuse/Neglect			
Name of Alleged Abuser/Neglector:			
Relationship of Alleged Abuser/Neglector to Child:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parents <input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather <input type="checkbox"/> Grandparents <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Child Care Worker (reg)	<input type="checkbox"/> Siblings <input type="checkbox"/> Stepparent <input type="checkbox"/> Father's Paramour <input type="checkbox"/> Mother's Paramour <input type="checkbox"/> Child Care Worker (unreg)
Other:			
Relationship of 2 <sup>nd</sup> Abuser to Child (if applicable):			

### Section B: Reporting Requirements

CPS Regional Specialist:	Date Reported:
CPS Program Manager:	Date Reported:
Law Enforcement:	Date Reported:
Commonwealth's Attorney:	Date Reported:
Regional Medical Examiner:	Date Reported:

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## Section C: Circumstances Surrounding the Child's Death

Detailed Description of the Child's Death (When, where, why, how, who, and any related problems. (Please attach another page if necessary.)

Family's Prior Involvement with the Local Department:

Program
<b>CPS</b> Case/Referral: Summary of Involvement:
<b>Benefits</b> Case/Referral: Summary of Involvement:
<b>FC/Adoption</b> Case/Referral: Summary of Involvement:
Other:

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Siblings of the Deceased Child – (Requires conducting a safety assessment of any siblings of the deceased child and development of a safety plan, if safety decision is conditionally safe or unsafe):

Sibling Name	DOB	Race	Sex	Initial Safety Decision, please choose from: “safe”, “conditionally safe”, or “unsafe”

Safety Plan Summary:

Local Department Action Plan (describe Investigation Plan; Regional Specialist’s planned involvement and assistance; and any additional comments and concerns. (Please attach another page if necessary.)

Disposition Due Date:

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## Part II

Part II is completed at the conclusion of the investigation and updates Part I information if needed.

### 1. Disposition of the Investigation:

<u>Finding</u>	<u>Victim</u>	<u>Abuser</u>	<u>Abuse/Neglect Category</u>	<u>Abuse/Neglect Type</u>
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### 2. Risk Assessment for Other Children in the Home:

### 3. Summary of Criminal Charges (if any):

### 4. History/Characteristics of the child, family and caretaker: If checked, provide explanation

- |  |   |
|--|---|
| <input type="checkbox"/> Substance or drug abuse   | <input type="checkbox"/> Military Involvement |
| <input type="checkbox"/> Mental Health Issues      | <input type="checkbox"/> domestic violence    |
| <input type="checkbox"/> Mental Retardation Issues | <input type="checkbox"/> Other _____          |

### 5. Economic or Environmental Factors: If checked, provide explanation

- |  |                                      |                                   |                              |
|--|--------------------------------------|-----------------------------------|------------------------------|
| <input type="checkbox"/> TANF            | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Medicaid | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Other _____ |                                   |                              |

### 6. Service Plan Summary

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7. Assessment of Interventions with the Family:

8. Assessment of Local and/or Systemic Issues that may have Impacted the Child's Death:

9. Recommendations to Improve Community Response, Enhance Services and Prevent Child Deaths: